

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5	1					
6						
7						
8	1					
9	1					
10						
11						
12	1					
13	1					
14						
15						
16	1					
17	1					
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19						
20	1					
21	1					
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24	1					
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28	1					
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32	1					
33	1					
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36	1					
37	1					
38						
39						
40	1					
41	1					
42						
43						
44	1					
45						
46	1					
47						
48						
49	1					
50						
TOTAL IND.	24					
TOTAL DEP.	25					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						